MARYLAND STATE DEPARTMENT OF HEALTH

04149

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 140

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Woodsboro
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Woodsboro
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) THOMAS (Last) ALBAUGH
4. DATE OF DEATH (Month) April (Day) 4 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Sept. 18, 1914
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Lime plant
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Do not Know
14. MOTHER'S MAIDEN NAME Elsie Albaugh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-161-057
17. INFORMANT Mrs Betty Jane Albaugh - Woodsboro

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Eltric shock	Instanteous
914.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Lime plant near (CITY OR TOWN) Woodsboro (COUNTY) Frederick, Md (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 4 / 4 52 3:45 m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Short circuit charged steel plate

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James B. Thomas, M.D. - Dept Med Examiner
ADDRESS Frederick, Maryland
DATE SIGNED 4/4/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/7/52
NAME OF CEMETERY ~~OR CREMATORY~~ Mt. Hope
LOCATION (City, town, or county) Woodsboro, Fred. Co. (State) Md.
DATE REC'D BY LOCAL REG. 4/7/52
REGISTRAR'S SIGNATURE L. C. Powell
24. FUNERAL DIRECTOR G. C. Barton, Walkersville, ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 10 1952
BUREAU V. S.

64150

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; LENGTH OF STAY (In this place) 1 hr. 45 min.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick; ~~CITY~~ OR ~~TOWN~~ Rural Middletown; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) F. (Last) Alexander

4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify): widowed

8. DATE OF BIRTH: 1-16-1865

9. AGE last birthday: 87 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, ret.

10b. KIND OF BUSINESS OR INDUSTRY: Farm owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Francis Alexander

14. MOTHER'S MAIDEN NAME: Lydia Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Edward Stevens, Middletown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Gunshot wound of abdomen	2 hours
976K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Barn (CITY OR TOWN) nr Middletown (COUNTY) Fred. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) April 13, 1952 1[15] p.m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Self-inflicted gunshot wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Charles L. Cooley Jr. M.D. Coron. ADDRESS Frederick, Maryland DATE SIGNED 4/13/52

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial; DATE THEREOF 4-15-1952; NAME OF CEMETERY OR CREMATORY Reformed Cemetery; LOCATION (City, town, or county) Middletown (State) Md.

DATE REC'D BY LOCAL REG. 15 April 1952; REGISTRAR'S SIGNATURE Elizabeth S. Heck

24. FUNERAL DIRECTOR: Gladhill Co.; ADDRESS Middletown, Md.

RECEIVED
APR 16 1952
BUREAU V. S.

Items 11,13,14 A11-G142 4/21/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04151

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (In this place) 1 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 Norva Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 3 Norva Avenue

3. NAME OF DECEASED (Type or Print): (First) Edgar (Middle) R. (Last) Alkire

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: 5/7/1886

9. AGE last birthday: 65 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Life Insurance

11. BIRTHPLACE (State or foreign country): Indiana ~~What Cheer, Iowa~~

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ~~John C.~~ James Alkire

14. MOTHER'S MAIDEN NAME: Mary ~~E.~~ Alkire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Prior War I

16. SOCIAL SECURITY NO.: 172-18-8066

17. INFORMANT: Mrs. Edgar R. Alkire-3 Norva Av. Fred'k. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure	week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Unknown	
	(c)	

4343

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

James B. Thomas, M.D. Deputy Medical Examiner | Frederick, Md. | 4/10/52

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): BURIAL | DATE THEREOF: 4-10-1952 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery | LOCATION (City, town, or county) (State): Frederick- Maryland

DATE REC'D BY LOCAL REG.: 10 April, 1952 | REGISTRAR'S SIGNATURE: Elizabeth G. Hark | 24. FUNERAL DIRECTOR ADDRESS: C.E.Cline and Son- Frederick- Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 14 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04152

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jefferson
LENGTH OF STAY (in this place) 7 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jefferson
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) OTIS (Middle) OREM (Last) ARNOLD
4. DATE OF DEATH: (Month) 4 (Day) 27 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 13 Nov 1870
9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Malhon Arnold
14. MOTHER'S MAIDEN NAME: Ellen Ahalt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Gilmore Keller, Jefferson, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Advanced generalized arteriosclerosis — 10 yrs

(c)

332 X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/23, 1952, to 4/27, 1952; that I last saw the deceased alive on 4/25, 1952; and that death occurred at 5:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. L. Brice M. D. Jefferson, Maryland 28 April 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 30 Apr 1952 | NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery | LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 29 April 1952 | REGISTRAR'S SIGNATURE: Elizabeth G. Hack | 24. FUNERAL DIRECTOR ADDRESS: M. R. Etchison & Son, Frederick, Maryland

RECEIVED
MAY 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

#4153

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible]

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 5 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 237 Phebus Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) 237 Phebus Avenue

3. NAME OF DECEASED (Type or Print): (First) JULIAN (Middle) DORSEY (Last) BALL
4. DATE OF DEATH: (Month) 4 (Day) 12 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8 May 1877
9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Day Laborer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-22-1851A
17. INFORMANT AND ADDRESS: William P. Thompson, ~~237 Phebus Ave.,~~ Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute pulmonary edema — Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — years

426.0

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1, 1949, to 4/12, 1952, that I last saw the deceased alive on 4/7, 1952, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James B. Thomas, M. D. Frederick, Maryland 14 April 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 15 Apr 1952
NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 14 April 1952
REGISTRAR'S SIGNATURE: Elizabeth G. Heck
24. FUNERAL DIRECTOR ADDRESS: M. R. Etchison & Son, Frederick, Maryland

RECEIVED
APR 15 1952
BUREAU V. S.

154

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick Co. MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick - Rural
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stacky Ridge
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) J. (Last) Ballweg

4. DATE OF DEATH (Month) 4 (Day) 21 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) Widowed
8. DATE OF BIRTH June 6, 1878
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Sepus Cola Bottling Co.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Ballweg
14. MOTHER'S MAIDEN NAME Mary Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 215-10-1937
17. INFORMANT AND ADDRESS Mrs H. Vernon Barbet Stacky Ridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic C.V.D.

5x1.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis Liver

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1951, to ....., 1952, that I last saw the deceased alive on 4/20, 1952, and that death occurred at 3 A.m., from the causes and on the date stated above.

SIGNATURE M. E. Robertson (Degree or title) ADDRESS New Windsor, Md. DATE SIGNED

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Apr. 24, 52
NAME OF CEMETERY OR CREMATORY Assumption Cemetery
LOCATION (City, town, or county) Syracuse (State) N.Y.

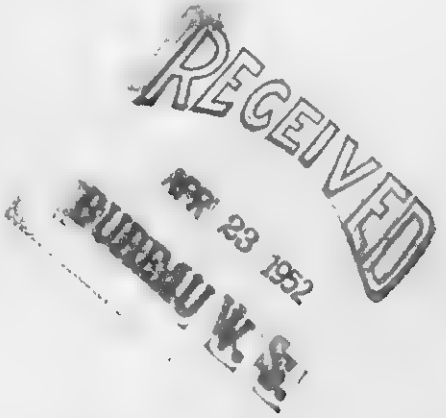
DATE REC'D BY LOCAL REG. 21 April 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. L. Treager & Son Emmitsburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1


RECEIVED
APR 23 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 55

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, writs RURAL OR and give nearest town) Frederick, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boyds.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Faye (Middle) Elizabeth (Last) Bancroft
4. DATE OF DEATH: (Month) (Day) (Year) 4 – 29 1952
5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: 3-4-1952
9. AGE last birthday: ✓ yrs. IF UNDER 1 YEAR Months 1 Days 25 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Frederick Memorial Hosp.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Oran Lawrence Bancroft
14. MOTHER'S MAIDEN NAME: Betty Louise Baugher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Oran Lawrence Bancroft,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Agenesis, Cong.
DUE TO
759.3
Antecedent cause(s) (b) Prematurity
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 March 1952 to 29 Apr 1952, that I last saw the deceased alive on 29 Apr, 1952, and that death occurred at 12:50 P.m., from the causes and on the date stated above.
SIGNATURE R L Guest, MD (DEGREE OR TITLE) ADDRESS Frederick Md. DATE SIGNED 29 Apr 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF April 30, 1952 NAME OF CEMETERY OR CREMATORY Glade Cemetery LOCATION (City, town, or county) (State) Walkersville, Md
DATE REC'D BY LOCAL REG. 29 April 1952 REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR G. C. Barton ADDRESS Walkersville, Md.

2032212362

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AIL 8-51

RECEIVED
MAY 1 1952
BUREAU V. S.

1156

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Walkersville — LENGTH OF STAY (in this place) 44 years	~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Walkersville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Laura	(Middle) Alice	(Last) Barrick	4. DATE OF DEATH	(Month) April	(Day) 21	(Year) 1952
5. SEX Female	6. COLOR OR RACE White	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Married	8. DATE OF BIRTH 3-30-1880	9. AGE last birthday 72 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Rev. George W. Crist	14. MOTHER'S MAIDEN NAME Anna Baum Orr						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Lewis Elmer Barrick					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	2 days
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular - renal disease	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 April, 1952, to 21 April, 1952, that I last saw the deceased alive on 20 April, 1952, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	MD	Walkersville, Md.	21 April 1952

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial	DATE THEREOF 4-23-1952	NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick- Maryland
DATE REC'D BY LOCAL REG. 22 April 1952	REGISTRAR'S SIGNATURE Elizabeth G. Hecker	24. FUNERAL DIRECTOR ADDRESS C.E.Cline and Son- Frederick-Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 23 1952
BUREAU W. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - New Midway
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Midway - rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	E	Spy Bartgis	April	6	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Jan 11, 1888	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Factory	Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George T. Bartgis	Anna Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no -	212-24-3089	Tibert Bartgis Ladiesburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral Hemorrhage	11 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension	Unknown
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
No m.		

22. I hereby certify that I attended the deceased from Apr. 1, 1952 to Apr. 5, 1952, that I last saw the deceased alive on Apr. 4, 1952 and that death occurred at 10:05 P. m., from the causes and on the date stated above.

SIGNATURE James A. Gray (Degree or title) M.D. ADDRESS Thurmont Md DATE SIGNED Apr. 6-1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 8 1952	Mt. Hope Cemetery	Thurmont Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/8/52	L E Powell	M. S. Zeigler Son	Thurmont Md

RECEIVED
APR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1158

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville
LENGTH OF STAY (in this place) 1 yr 4 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville
STREET ADDRESS (If rural, give location) Myersville R.N. #2

3. NAME OF DECEASED: (Type or Print) (First) Donald (Middle) Wayne (Last) Bayles
4. DATE OF DEATH: (Month) Apr (Day) 29 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec 6, 1951
9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months 4 Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): M. Myersville, Fred Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles S. Bayles
14. MOTHER'S MAIDEN NAME: Elizabeth Wiley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Chas. S. Bayles, Myersville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

491X

Antecedent cause(s) DUE TO

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29-, 1952, to 4-29, 1952, that I last saw the deceased alive on 4-29, 1952 and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE J E Harp (DEGREE OR TITLE) Md ADDRESS Middletown DATE SIGNED 4-30-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF May 1, 1952
NAME OF CEMETERY OR CREMATORY Murriel Hill
LOCATION (City, town, or county) Mannings, Jeff. Co (State) W.VA.

DATE REC'D BY LOCAL REG. May 1, 1952
REGISTRAR'S SIGNATURE Marie Gladhill
24. FUNERAL DIRECTOR Paul F. Bitty, Myersville, Md ADDRESS

22V1327363

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

59

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND

~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Dickerson-Rural

LENGTH OF STAY (in this place) 3 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Dickerson

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick

~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Dickerson-Rural

STREET ADDRESS (If rural, give location) Near Dickerson

3. NAME OF DECEASED (Type or Print) (First) EMILY (Middle) NORVELL (Last) BELT

4. DATE OF DEATH (Month) 4 (Day) 29 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) Widow

8. DATE OF BIRTH 8 March 1871

9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Michigan

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Forrest Norvell

14. MOTHER'S MAIDEN NAME Margaret Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Dr. Norvell Belt, Dickerson, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure due to arterio-	5 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) sclerotic heart disease	5 yrs.
	(c) Generalized arterio-sclerosis	15(?) yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1951, to 4/29, 1952, that I last saw the deceased alive on 4/28, 1952, and that death occurred at 12:00 noon m., from the causes and on the date stated above.

SIGNATURE Charles H Coreley Jr. (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 30 April 1952

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial

DATE THEREOF 1 May 1952

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 30 April 1952

REGISTRAR'S SIGNATURE Elizabeth G Heck

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 138

(M)

MARGIN RESERVED FOR BINDING

(I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1[illegible]51

(T)

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#1
LENGTH OF STAY (in this place) 4 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Pearl

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#1
STREET ADDRESS (If rural, give location) Near Pearl

3. NAME OF DECEASED: (Type or Print) (First) LARRY (Middle) WAYNE (Last) BIDDINGER

4. DATE OF DEATH: (Month) 4 (Day) 3 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 30 April 1947

9. AGE last birthday: 4 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ray F. Biddinger

14. MOTHER'S MAIDEN NAME: Cathleen M. Kolb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Ray F. Biddinger, RD#1, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

490X

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15, 1951, to 4-3, 1952, that I last saw the deceased alive on 4-2, 1952, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE U. G. Bourne Jr (DEGREE OR TITLE) M. D. ADDRESS Frederick, Maryland DATE SIGNED 3 April 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5 April 1952

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 4 April 1952

REGISTRAR'S SIGNATURE Lucian K. Falconer

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

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APR 14 1952
BUREAU V. S.

61

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodsboro — LENGTH OF STAY (In this place): 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodsboro
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First) MILLARD (Middle) HAMILTON (Last) BOSTIAN
4. DATE OF DEATH (Month) April (Day) 6 (Year) 1952
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Aug. 1, 1878
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Bostian
14. MOTHER'S MAIDEN NAME: Sarah Fogle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT: Mrs Kathryn Leakins, Keymar, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of the stomach — 6 Mos.

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 15, 1952, to Apr. 6, 1952, that I last saw the deceased alive on Apr. 6, 1952, and that death occurred at 9.10 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James K. Gray, M.D. — ADDRESS: Thurmont, Md. — DATE SIGNED: Apr. 8-1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 4/9, 1952
NAME OF CEMETERY ~~OR CREMATORY~~: Chapel
LOCATION (City, town, or county): Nr. Libertytown (State): Md.
DATE REC'D BY LOCAL REG.: 4/8/52
REGISTRAR'S SIGNATURE: L. C. Lowell
24. FUNERAL DIRECTOR: G.C. Barton, Walkersville, — ADDRESS: Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
APR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-7

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 235 W. South St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Frances (Last) Bourne
4. DATE OF DEATH (Month) (Day) (Year): April 14, 1952

5. SEX: Female
6. COLOR OR RACE: Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: Nov. 12, 1887
9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ********
11. BIRTHPLACE (State or foreign country): Louden Co. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Beane
14. MOTHER'S MAIDEN NAME: Isabell Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: U. G. Bourne sr. 235 W. South St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Ovary with Metastasis 1 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

1752

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to April 14, 1952, that I last saw the deceased alive on April 14, 1952, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE: E P Thomas (Degree or title) ADDRESS: Frederick Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Apr. 16, 1952 | NAME OF CEMETERY OR CREMATORY: Fairview | LOCATION (City, town, or county) (State): Frederick, Md.

DATE REC'D BY LOCAL REG.: 16 April 1952 | REGISTRAR'S SIGNATURE: Elizabeth B. Heda | 24. FUNERAL DIRECTOR: Charles E. Hicks III ADDRESS: Fred. Md.

RECEIVED
NOV 18 1952
BUREAU V. S.

Item 18 Film G142 4-21-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY ~~Montgomery~~ FREDERICK MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK, RURAL
LENGTH OF STAY (in this place) 10 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montevue Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Market
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) ANN (Last) BOYER
4. DATE OF DEATH (Month) APRIL (Day) 8 (Year) 1952
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) SINGLE
8. DATE OF BIRTH 6/23/1865
9. AGE last birthday 86 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New Market Md
12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME ADAM BOYER
14. MOTHER'S MAIDEN NAME RACHEL HALL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Nephew Hanford Boyer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of back - Skin. — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

191X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1952, to Apr, 1952 that I last saw the deceased alive on Mar 10, 1952, and that death occurred at 5 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. Kline M.D. ADDRESS Frederick Md DATE SIGNED [illegible]

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE April, 10, 1952
NAME OF CEMETERY OR ~~CREMATORY~~ NEW MARKET
LOCATION (City, town, or county) New Market (State) Md.
DATE REC'D BY LOCAL REG. Apr. 8-52
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR W. E. Falconer, New Market ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 18 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (in this place): 3 3months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 300 Middle Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Fred
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 300 Middle Street

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) Franklin (Last) Butler

4. DATE OF DEATH: (Month) April (Day) 6, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Widowed

8. DATE OF BIRTH: Mar. 4, 1867

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: ********

11. BIRTHPLACE (State or foreign country): Frederick, Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter Buller

14. MOTHER'S MAIDEN NAME: Eliza Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 199-05-7312

17. INFORMANT AND ADDRESS: Louise Henry 300 Middle Street Fr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteria - sclerotic Cardio - vascular — Interval Between Onset and Death: 10 years

42 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1952, to April 6, 1952, that I last saw the deceased alive on April 5, 1952, and that death occurred at 10:30 A m., from the causes and on the date stated above.

SIGNATURE: Richard Thomas, M.D. (Degree or title) ADDRESS: [illegible] April DATE SIGNED: [illegible]

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial

DATE THEREOF: April 9, 1952

NAME OF CEMETERY OR CREMATORY: John Wesley

LOCATION (City, town, or county) (State): Libertytown, Md.

DATE REC'D BY LOCAL REG.: 8 April 1952

REGISTRAR'S SIGNATURE: Elizabeth S. Heck

24. FUNERAL DIRECTOR: Chas. E. Hicks III ADDRESS: Frederick, Md.

RECEIVED
APR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick — LENGTH OF STAY (in this place) 5yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 407 - 9th Avenue.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 407 - 9th Ave.

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) (Last) Cassel

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 29 1894

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Steelworker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tyrone, Penna.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Harry Cassel

14. MOTHER'S MAIDEN NAME: Mary May Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.War I

16. SOCIAL SECURITY NO.: 297-05-4580

17. INFORMANT AND ADDRESS: Mrs. Beeson Carol, 407-9th Ave. Brunswick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Coronary Heart Disease — Interval Between Onset and Death: 7 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/30, 1952, to 4/14, 1952, that I last saw the deceased alive on 4/14, 1952, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS [illegible] DATE SIGNED 4/16/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 18 1952 — NAME OF CEMETERY OR CREMATORY: Antietam National — LOCATION (City, town, or county) (State): Sharpsburg Washington Co. Md.

DATE REC'D BY LOCAL REG. 4-16-52 — REGISTRAR'S SIGNATURE: Eugenia H. Burke — 25. FUNERAL DIRECTOR: Jesse S. Bailey — ADDRESS: Brunswick Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
APR 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]56

CERTIFICATE OF DEATH

Reg. Dist. No. 134

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Emmitsburg
LENGTH OF STAY (in this place): 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
Seton Villa, Wilmington, Delaware
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wilmington
STREET ADDRESS (If rural, give location): River Road ✓

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Loyola (Last) Collins

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sister of Charity

8. DATE OF BIRTH: Oct. 24, 1888

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Care of Orp.

10b. KIND OF BUSINESS OR INDUSTRY: Children

11. BIRTHPLACE (State or foreign country): New Orleans, Louisiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Collins

14. MOTHER'S MAIDEN NAME: Elizabeth Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Sister Martina, Treasurer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Carcinoma Lung	6 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)		
	DUE TO (c)		

163X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 17 1952 to April 23 1952, that I last saw the deceased alive on April 22, 1952, and that death occurred at 3.45 A.M., from the causes and on the date stated above.

SIGNATURE: W.R. Codle (DEGREE OR TITLE) MD ADDRESS: Emmitsburg Md DATE SIGNED: 4-24-52

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: Apr. 25, 1952 — NAME OF CEMETERY OR CREMATORY: St. Joseph, Private — LOCATION (City, town, or county) (State): Emmitsburg, Maryland

DATE REC'D BY LOCAL REG.: April 24-1952 — REGISTRAR'S SIGNATURE: M.F. Shuff

24. FUNERAL DIRECTOR: L.L. Allison — ADDRESS: Emmitsburg, Md.

RECEIVED
MAY 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (In this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 129 West Fourth Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) 129 West Fourth Street

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) FRANKLIN NELSON (Last) COOK

4. DATE OF DEATH: (Month) 4 (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED.~~ (Specify) Widowed

8. DATE OF BIRTH: 29 Oct 1855

9. AGE last birthday: 96 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): City Employee

10b. KIND OF BUSINESS OR INDUSTRY: Street Department

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Cook

14. MOTHER'S MAIDEN NAME: Henrietta Bast

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Roger A. Cook, ~~129 W. 4th St.,~~ Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Cardiac Renal Insufficiency — 20 Yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2-, 1945, to 4-17, 1952, that I last saw the deceased alive on 4-17, 1952, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE: M. G. Bourne Jr (Degree or title) M. D. ADDRESS: Frederick, Maryland DATE SIGNED: 18 April 1952

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF: 19 Apr 1952 — NAME OF CEMETERY OR CREMATORY: Methodist Cemetery — LOCATION (City, town, or county) (State): Jefferson, Maryland

DATE REC'D BY LOCAL REG.: 18 April 1952 — REGISTRAR'S SIGNATURE: Elizabeth L. Tech

24. FUNERAL DIRECTOR ADDRESS: M. R. Etchison & Son, Frederick, Maryland

RECEIVED
APR 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 58

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memoral

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Knoxville Rural
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Lydia (Middle) Blanche (Last) Coulter

4. DATE OF DEATH: (Month) Apr. (Day) 24 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: Feb. 28-1912
9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months 1 Days 26 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington Co Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James D Kilham
14. MOTHER'S MAIDEN NAME: Tracie Bula White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: L. B. Coulter Knoxville Rural

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	9 days
643x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Lower Nephron Nephrosis	9 days
	DUE TO (c) Premature Separation Placenta Toxemia Pregnancy	3 wks

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/10, 1952, to 4/24, 1952, that I last saw the deceased alive on 4/24, 1952, and that death occurred at 9:25 A.m., from the causes and on the date stated above.

SIGNATURE C. Seibert Grice (DEGREE OR TITLE) ADDRESS Jefferson Md. DATE SIGNED 4/24/52

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify): Burial
DATE THEREOF Apr 27 1952
NAME OF CEMETERY OR CREMATORY Church of the Brethren
LOCATION (City, town, or county) (State) Brownsville Md

DATE REC'D BY LOCAL REG. 24 April 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR Jesse S Dailey ADDRESS

VS. A15-6-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69 131

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural RD#4
LENGTH OF STAY (In this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church Hill

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural RD#4
STREET ADDRESS (If rural, give location) Church Hill

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) WESLEY (Last) CULLER

4. DATE OF DEATH: (Month) 4 (Day) 3 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widowed

8. DATE OF BIRTH: 20 Sept 1864

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harman Culler

14. MOTHER'S MAIDEN NAME: Lucinda Kefauver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Charles T. Culler, RD#4, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	5 mo
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Coronary Sclerosis Chronic Myocarditis	10 yrs
	(c) DUE TO Senility	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED White at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/2 19 44, to 4/3, 1952, that I last saw the deceased alive on 3/29, 1952, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Calvert Price M. D. Jefferson, Maryland 5 April 1952

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial
DATE THEREOF 7 April 1952
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) (State) Jefferson, Maryland

DATE REC'D BY LOCAL REG. 7 April 1952
REGISTRAR'S SIGNATURE Elizabeth S. Heck

24. FUNERAL DIRECTOR ADDRESS
M. R. Etchison & Son, Frederick, Maryland

RECEIVED
APR 8 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Frederick R.F.D.#5 — LENGTH OF STAY (in this place): 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 14 East Fifth St.

3. NAME OF DECEASED (Type or Print) (First) ADAM (Middle) (Last) DIETERICH
4. DATE OF DEATH (Month) Apr. (Day) 18 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify) Single
8. DATE OF BIRTH: Mar.24,1873
9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): City Employee
10b. KIND OF BUSINESS OR INDUSTRY: Park Dept.
11. BIRTHPLACE (State or foreign country): Frederick
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Justus Dieterich
14. MOTHER'S MAIDEN NAME: Ann Catherine Gerlack
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Miss A, Mary Dieterich

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral thrombosis — days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to April, 1952, that I last saw the deceased alive on 18 April, 1952, and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] M.D. — ADDRESS: Frederick, Md. — DATE SIGNED: 4/19/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4/21/52 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Md.

DATE REC'D BY LOCAL REG.: 18 April 1952 — REGISTRAR'S SIGNATURE: Elizabeth G. Heck

24. FUNERAL DIRECTOR: M. R. Etchison & Son — ADDRESS: Frederick, Md.

RECEIVED
APR 21 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick — LENGTH OF STAY (In this place) 25 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 724 North Market Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 724 North Market Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HERSHEY	FRANKLIN	EICHELBERGER	4	11	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	31 March 1881	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Watchman	Bank	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert Eichelberger	Clara Crebbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	?	~~724 N. Market St.~~ Mrs. Edna H. Eichelberger, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cancer of Spleen	2 yrs+
200.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March, 1952, to April 11, 1952; that I last saw the deceased alive on April 12 1952, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE B. D. Thomas — (Degree or title) M. D. — ADDRESS Frederick, Maryland — DATE SIGNED 11 April 1952

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	14 April 1952	Haugh's Cemetery	Nr. Ladiesburg, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
14 April 1952	Elizabeth S. Heck	M. R. Etchison & Son, Frederick, Maryland

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APR 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

72

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) ~~TOWN~~ Frederick — LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 304 East 3rd St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 304 East 3rd St

3. NAME OF DECEASED (Type or Print): (First) CARRIE (Middle) VIRGINIA (Last) FARVER
4. DATE OF DEATH: (Month) April (Day) 16 (Year) 19 52
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) widowed
8. DATE OF BIRTH 9/10/1869
9. AGE last birthday 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Nicholas Hanson Easton
14. MOTHER'S MAIDEN NAME Margarett Ann Pickett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. F. B. Finly

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Minutes

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary heart disease — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from duly, 1951, to April, 1952, that I last saw the deceased alive on March, 1952, and that death occurred at about 5:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James B. Thomas, M.D. — ADDRESS Frederick, Maryland — DATE SIGNED 4/18/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 4/19/52 — NAME OF CEMETERY OR CREMATORY Methodist Cemetery — LOCATION (City, town, or county) Jefferson (State) Md

DATE REC'D BY LOCAL REG. 18 April 1952 — REGISTRAR'S SIGNATURE Elizabeth S. Hess

24. FUNERAL DIRECTOR Harry E. Carty Co — ADDRESS Frederick Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 21 1952
BUREAU W. S.

73

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick, Md. LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montevue County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Emmitsburg, Md.
STREET ADDRESS (If rural, give location) Emmitsburg R.D.# 2

3. NAME OF DECEASED (Type or Print) (First) Sallie (Middle) (Last) Favorite
4. DATE OF DEATH (Month) April (Day) 8, (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify) Widowed
8. DATE OF BIRTH June 18, 1864
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Frederick County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Shindledecker
14. MOTHER'S MAIDEN NAME Jennie Peddicord
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of [illegible])
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs. Carleton Ballinger, Adams House Gettysburg, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 5, 1952, to Apr 8, 1952, that I last saw the deceased alive on Apr 5, 1952, and that death occurred at 6 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. Kline M.D. ADDRESS Frederick Md. DATE SIGNED Apr 8 52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial DATE THEREOF April 10 1952 NAME OF CEMETERY OR CREMATORY St Anthonys Shrine LOCATION (City, town, or county) Emmitsburg, Frederick Co. (State) Md.
DATE REC'D BY LOCAL REG. 10 April 1952 REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR S. L. Allison ADDRESS Emmitsburg, Md.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 14 1952
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural RD#4
STREET ADDRESS (If rural, give location) Near Buckeystown

3. NAME OF DECEASED (Type or Print): (First) ROSE (Middle) EMMA (Last) FEDERLINE
4. DATE OF DEATH: (Month) 4 (Day) 21 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: 19 May 1882
9. AGE last birthday: 69 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: House-work
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thomas Merson
14. MOTHER'S MAIDEN NAME: Sarah Merson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Pascal Renn, RD#4, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Haemorrhage — 2 hours

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis
(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis (Uraemia)

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 30, 1952 to April 21, 1952, that I last saw the deceased alive on April 21, 1952, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE: A. A. Pearre (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 22 April 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 24 Apr 1952
NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery
LOCATION (City, town, or county) (State) Laurel, Maryland

DATE REC'D BY LOCAL REG. 24 April 1952
REGISTRAR'S SIGNATURE Elizabeth B. Heck
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

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4175

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-47

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 330 Madison Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 330 Madison Street

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH (Last) FULMER

4. DATE OF DEATH: (Month) 4 (Day) 1 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify): Widow

8. DATE OF BIRTH: 19 Nov 1883

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Howard Angleberger

14. MOTHER'S MAIDEN NAME: Mary C. Bussard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: 330 Madison St., Mrs. Mildred Tobery, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Thrombosis	3 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerosis	
	DUE TO (c)		

42 24

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 5, 1950, to July 19, 1951, that I last saw the deceased alive on July 19, 1952, and that death occurred at 12:45 P m., from the causes and on the date stated above.

SIGNATURE John Baxter. (DEGREE OR TITLE) M. D. ADDRESS Frederick, Maryland DATE SIGNED 3 April 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 5 April 1952 — NAME OF CEMETERY OR ~~CREMATORY~~ Mount Olivet Cemetery — LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 3 April 1952 — REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR — ADDRESS M. R. Etchison and Son, Frederick, Maryland

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APR 7 1952
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 176

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. 15-1 8-51

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Frederick-Rural RD#5
LENGTH OF STAY (in this place): Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montevue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Frederick-Rural RD#4
STREET ADDRESS (If rural, give location): Sunnyside

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
JAMES	GLENN	HALL	4	2	19 52

5. SEX:	6. COLOR OR RACE:	7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Colored	Widowed	16 March 1867	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired	Day Laborer	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Hall	Monica (last name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Montevue Records, RD#5, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	3o mins.
429.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis - Arteriosclerosis 1 yr.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED: While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			M.		

22. I hereby certify that I attended the deceased from Mar, 1952, to Apr, 1952, that I last saw the deceased alive on Mar 1, 1952, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE H. H. Kline (DEGREE OR TITLE) M. D. ADDRESS Frederick, Maryland DATE SIGNED 4 April 1952

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7 April 1952	Sunnyside Cemetery	Nr. Jefferson, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7 April 1952	Elizabeth S. Heck	M. R. Etchison and Son	Frederick, Md.

APR
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1177

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium
LENGTH OF STAY (In this place) Since 3/12/49
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville, Potomac
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4/12/1897

9. AGE last birthday: 55 yrs. If under 1 year: Months. 0 Days 4 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Garden Man

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Wilson Co., N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jim Johnson

14. MOTHER'S MAIDEN NAME: Nancy Grimes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 224-16-2474

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 4 Yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 12, 1949, to Apr. 16, 1952, that I last saw the deceased alive on Apr. 16, 1952, and that death occurred at 12:25 P.m., from the causes and on the date stated above.

SIGNATURE J. B. Kyon, M.D. (Degree or title) ADDRESS State Sanatorium, Md. DATE SIGNED 4/16/52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE NAME OF CEMETERY OR CREMATORY Delivered to Anatomy Board. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 4/16/52 REGISTRAR'S SIGNATURE J. B. Kyon

24. FUNERAL DIRECTOR Balto City, Md. ADDRESS

RECEIVED
APR 18 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

178

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Clar Frederick
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Professional Bldg

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Clarksburg Rural
STREET ADDRESS (If rural give location) Clarksburg Rt #1

3. NAME OF DECEASED (Type or Print) (First) BARRY (Middle) LYNN (Last) JONES
4. DATE OF DEATH (Month) APRIL (Day) 21 (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) single
8. DATE OF BIRTH Nov. 19 1950
9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Woodrow W. Jones
14. MOTHER'S MAIDEN NAME Helen Romans
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. W. W. Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bilateral Bronchopneumonia — 48 hrs.

491X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Infected hypertrophied adenoids — 4 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Charles H Conley Jr MD. (Degree or title) Dep Med Exam. ADDRESS Frederick Md DATE SIGNED 4/21/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial DATE THEREOF April 23, 1952 NAME OF CEMETERY OR CREMATORY Hyattstown Md LOCATION (City, town, or county) Hyattstown Frederick (State) Md

DATE REC'D BY LOCAL REG. 21 April 1952 REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR H. E. Carty Co ADDRESS Frederick Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 23 1952
BUREAU V. S.

179

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Jefferson — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg, Md. R.D.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MAURICE	CLIFFORD	JONES	April		1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	married	Feb. 3. 9.	41 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired [illegible]		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel [illegible]	Idale [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no — no	220-09-7489	Mrs. [illegible] 3 [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	Instant.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Charles H. Conley Jr. M.D. Dep. Med. Exam.	Frederick, Md.	4/11/52.

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 17, 52	Mt. Olivet	Washington Co. Md.

DATE REC'D BY LOCAL REG. 4/14/52	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	[illegible]	[illegible]	[illegible]

VS. A15A

COPY SENT TO LOCAL REGISTRAR N. ____ DATE 4/16/52

RECEIVED
APR 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11180

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. A15 8-47

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (in this place): 5 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Keymar, Maryland
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) HOWARD (Middle) Lee (Last) KEENEY

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 19 52

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 30, 1896

9. AGE last birthday: 55 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Well Driller

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Keeney

14. MOTHER'S MAIDEN NAME: Sarah Ellen ? Keeney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 222-10-5586

17. INFORMANT & ADDRESS: Mrs. Mary Clark, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 420.5
(a) Acute coronary thrombosis
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Arteria - sclerotic heart disease
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 24 19 52, to April 26, 1952, that I last saw the deceased alive on April 26, 1952, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
H. A. Deare M.D. Frederick Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: April 29, 1952
NAME OF CEMETERY OR CREMATORY: Providence Methodist Cemetery
LOCATION (City, town, or county) (State): Kemptown, Md.

DATE REC'D BY LOCAL REG. 29 April 1952
REGISTRAR'S SIGNATURE: Elizabeth J. Hoch

24. FUNERAL DIRECTOR ADDRESS: C. E. Cline & Son, Frederick, Md.

RECEIVED
APR 30 1952
DURHAM N. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 81 133

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Rural-Myersville
LENGTH OF STAY (in this place): 71 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural — Myersville
STREET ADDRESS (If rural, give location): Garfield

3. NAME OF DECEASED: (First) IRVING (Middle) Arthur (Last) Kelbaugh

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Apr 21, 1880

9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Gen. Farming

11. BIRTHPLACE (State or foreign country): Frederick Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Kelbaugh

14. MOTHER'S MAIDEN NAME: Mary S.E. Forest

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Emely Kelbaugh, Smithsburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Heart disease, Myofibrosis Chronic — DUE TO — Interval between onset and death: 4 yrs.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) — DUE TO — (c)

422.2

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.: No

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 14, 19 52, to Apr. 14, 19 52, that I last saw the deceased alive on April 1, 19 52, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

James K. Gray M.D. Thurmont Md. Apr. 16-'52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Apr 17, 1952 — NAME OF CEMETERY OR CREMATORY: Mt Bethel M.E. — LOCATION (City, town, or county) (State): Mt Zion, Fred Co. Md

DATE REC'D BY LOCAL REG.: April 16, 1952 — REGISTRAR'S SIGNATURE: Onita Wolfe

24. FUNERAL DIRECTOR — ADDRESS: Paul F. Birely, Myersville, Md.

RECEIVED
APR 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1182

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; LENGTH OF STAY (in this place) 1 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 246 Dill Ave.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) REBECCA (Last) KEYSER
4. DATE OF DEATH: (Month) Apr. (Day) 18 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify) Widow
8. DATE OF BIRTH: Jan. 29, 1876
9. AGE last birthday: 76 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Frederick Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George E. Salter
14. MOTHER'S MAIDEN NAME: Antionette Stull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Willard C. Rudy, 246 Dill Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Embolus — Interval Between Onset and Death: 2 hrs

465 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 6, 1952, to Apr 18, 1952, that I last saw the deceased alive on Apr 18, 1952, and that death occurred at 12:45 A. m., from the causes and on the date stated above.

SIGNATURE: J. E. Harp M.D. (Degree or title) ADDRESS: Middletown, Maryland DATE SIGNED: 4/18/52

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify): Burial
DATE THEREOF: Apr. 20, 1952
NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Md.

DATE REC'D BY LOCAL REG. 20 April 1952
REGISTRAR'S SIGNATURE: Elizabeth S. Hoch
24. FUNERAL DIRECTOR: M. R. Etchison & Son, ADDRESS: Frederick, Md.

RECEIVED
APR 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (In this place) 2 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS I. O. O. F. Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Baltimore
STREET ADDRESS (If rural, give location) 4803 Keswick Road

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	MARGARET	ANNA	KLANK		4	19	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	11 Feb 1875	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House-work	Own Home	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George H. Klank	Charlotte V. Fahrenholz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	I. O. O. F. Home Records, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma Stomach	6 months
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Gastritis	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-1-, 1952 to 4-19-, 1952, that I last saw the deceased alive on 4-19-, 1952, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm. M. Smith	M. D.	Frederick, Maryland	21 April 1952

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	22 Apr 1952	Baltimore Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
22 April 1952	Elizabeth G. Tech	M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 23 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH 54

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick — LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carroll Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) 139 West Third Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)		4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	HERBERT	KREH	April	16	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Jan. 23, 1883	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Post Office	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Frederick Kreh	Henrietta Dill Schultz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	217-109-215	Mrs. C. Herbert Kreh, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	years
	(c)	

420 0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible] M.D.	Dept. Medical Examiner	Frederick, Md.	4/17/52

23. BURIAL, CREMATION Removal (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 18, 1952	Methodist Cemetery	Central, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
April 1952	Elizabeth G. Keck.	C. E. Cline & Son, Frederick, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 85

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Mount Airy-Rural RD#1
STREET ADDRESS (If rural, give location) Near McKaig

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) AGNES (Last) LEASE

4. DATE OF DEATH: (Month) 4 (Day) 13 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: 6 Jan 1864

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Registered Nurse

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Lease

14. MOTHER'S MAIDEN NAME: Anna Martha McAlister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Miss Nannie C. Lease, RD#1, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Pulmonary embolism & infarction	24 hours
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Myocardial dilatation & failure	3 weeks
	DUE TO		
	(c)	Arteriosclerotic cardiovascular disease	10 years

4 (153X)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Probable Carcinoma, colon — 2 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Feb, 1952, to 13 April, 1952, that I last saw the deceased alive on 13 Apr, 1952 and that death occurred at 5:47 p.m., from the causes and on the date stated above.

SIGNATURE James S. Stoner, Jr. (DEGREE OR TITLE) MD ADDRESS Walkersville, Md DATE SIGNED 14 April 1952

23. ~~BURIAL~~, CREMATION ~~REMOVAL~~ (Specify): Cremation

DATE THEREOF 16 Apr 1952

NAME OF ~~CEMETERY~~ OR CREMATORY Fort Lincoln Crematory

LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. 14 April 1952

REGISTRAR'S SIGNATURE Elizabeth G. Hecks

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18 8-51

APR 16 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 4 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 321 East Third Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	LOLA	BELLE	LONGERBEAM		4	27	1952

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	16 March 1890	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House-Wife		Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William J. Starkey	Mary Catherine Harrington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	~~321 E. 3rd St.,~~ C. Lester Longerbeam, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	20 h
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from April 19, 1952, to April 21 1952, that I last saw the deceased alive on April 21, 1952, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. Etcher	M. D.	Frederick, Maryland	28 April 1952

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	30 Apr 1952	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
29 April 1952	Elizabeth S. Heck.	M. R. Etchison & Son,	Frederick, Maryland

RECEIVED
APR 30 19
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium
LENGTH OF STAY (in this place) Since 3/24/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2202 E. Chase St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	William		Lyons		April	29	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	10/9/1918	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brewery Worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas E. Lyons
14. MOTHER'S MAIDEN NAME: Anna Williamson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):
16. SOCIAL SECURITY No.: 219-01-3439
17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
002X Immediate cause	(a) Pulmonary Tuberculosis	4 Mos.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED Whilo at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/24, 1952, to 4/29, 1952, that I last saw the deceased alive on 4/29, 1952 and that death occurred at 9 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. B. Lyon M.D. ADDRESS State Sanatorium, Md. DATE SIGNED 5/1/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-3-52	Oak Lawn	Falls Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/1/52	J. B. Lyon	Clarence I. Hoffman	639 Broadway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1952
BUREAU V. S.

Item 10 Film G142 5-7-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Thurmont — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Thurmont
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Lee (Last) Martin
4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 4 1904
9. AGE last birthday: 47 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Cutter
10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frank Robert Martin
14. MOTHER'S MAIDEN NAME: Belva L. Weller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-10-9413
17. INFORMANT AND ADDRESS: Mrs. Lucille Martin Thurmont, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Sudden

4201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Gastritis; Coronary sclerosis — 3 hrs. Chronic.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None Acute gastritis — 3 hrs.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1952, to April 20, 1952, that I last saw the deceased alive on April 20, 1952, and that death occurred at 9:55 a.m., from the causes and on the date stated above.

SIGNATURE: James K. Gray (Degree or title) M.D. ADDRESS: Thurmont Md. DATE SIGNED: Apr. 21 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 22 52 — NAME OF CEMETERY OR CREMATORY: Blue Ridge Cemetery — LOCATION (City, town, or county) (State): Thurmont Md.

DATE REC'D BY LOCAL REG.: April 22 1952 — REGISTRAR'S SIGNATURE: Blanche S. Eyler
24. FUNERAL DIRECTOR: M. S. Creager & Son — ADDRESS: Thurmont Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

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RECEIVED
APR 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick - Rural RD#5
LENGTH OF STAY (in this place): Since 11-[illegible]-51
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Braddock Heights
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
MARY	EMMA	MILLER	4	2	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Single	8 Dec 1870	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None		Maryland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas W. Miller	Mary E. McDonald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Mrs. Preston Edmston, Orange, N. J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion.	5 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Coronary arteriosclerosis	
	(c) DUE TO	

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 25, 1951, to Apr 2, 1952, that I last saw the deceased alive on Apr 1, 1952, and that death occurred at 4:45 A m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Robert H. Pilgram	M. D.	Frederick, Maryland	3 April 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5 April 1952	Mount Olivet Cemetery	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
30 April 1952	Elizabeth G. Hecht	M. R. Etchison & Son, Frederick, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

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APR 71
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 11 Petersville Road

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) H. (Last) Minnick
4. DATE OF DEATH (Month) April (Day) 17 (Year) 1952
5. SEX Male
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Jan 16 1909
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Any kind of manual labor
10b. KIND OF BUSINESS OR INDUSTRY Day Laborer
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Walter H. Minnick
14. MOTHER'S MAIDEN NAME Martha Hutts
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Virginia Minnick Brunswick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 12 1952, to April 17, 1952, that I last saw the deceased alive on April 17, 1952, and that death occurred at 10:15 A. m., from the causes and on the date stated above.

SIGNATURE Bernard Thomas J. M.D. (Degree or title) ADDRESS Frederick, Md DATE SIGNED April 17, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-20-52
NAME OF CEMETERY OR CREMATORY Park Heights
LOCATION (City, town, or county) Brunswick Maryland (State)

DATE REC'D BY LOCAL REG. 18 April 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR C.H. Tuth & Bro Brunswick Maryland ADDRESS

RECEIVED
APR 21 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

291

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; MARYLAND; LENGTH OF STAY (in this place) 53; HOSPITAL OR INSTITUTION OR STREET ADDRESS Visitation Convent

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; STREET ADDRESS (If rural, give location) East 2nd St.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) BERNARDINE (Last) MUTH

4. DATE OF DEATH: (Month) APRIL (Day) 19 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): single

8. DATE OF BIRTH: 9/8/1873

9. AGE last birthday: 78 yrs. If under 1 year: Months; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Religious

10b. KIND OF BUSINESS OR INDUSTRY: Convent

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: M. Joseph Muth

14. MOTHER'S MAIDEN NAME: Josephine Katzenberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Records of Visitation Convent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia	5 days
Antecedent cause(s)	(b) Dilatation heart	10 days
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

422.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 19 52, to April 19, 19 52, that I last saw the deceased alive on April 19, 19 52, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Wm M. Smith, Frederick, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 4/21/52 | NAME OF CEMETERY OR CREMATORY: Visitation Convent | LOCATION (City, town, or county) (State): Frederick Md.

DATE REC'D BY LOCAL REG.: 20 April 1952 | REGISTRAR'S SIGNATURE: Elizabeth G. Heck | 24. FUNERAL DIRECTOR: Harry E. Early Co. | ADDRESS: Frederick

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 23 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH COUNTY: Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sweetytown — LENGTH OF STAY (in this place): 4 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sweetytown
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) THOMAS	(Middle) RICHARD	(Last) MYERS	4. DATE OF DEATH	(Month) April (Day) 7 (Year) 1952
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sing	8. DATE OF BIRTH: 11/21/18	9. AGE last birthday: 7 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): dentist	10b. KIND OF BUSINESS OR INDUSTRY: Dentistry	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Richard M. Myers	14. MOTHER'S MAIDEN NAME: Agnes S. Fitzsimmons				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): No	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: Louis J. Myers - Sweetytown Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic myocarditis	10 months
5?? Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephritis	1 year
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 1, 1952 to April 8, 1952 that I last saw the deceased alive on April 6, 1952 and that death occurred at 12 5 m., from the causes and on the date stated above.

SIGNATURE	(Degree or Title)	ADDRESS	DATE SIGNED
W. M. Smith		Frederick, Md	4-8-52

23. BURIAL, CREMATION REMOVAL (Specify): burial	DATE THEREOF: 4/11/52	NAME OF CEMETERY OR CREMATORY: [illegible]	LOCATION (City, town, or county) (State): Sweetytown Md
DATE REC'D BY LOCAL REG.: April 8-52	REGISTRAR'S SIGNATURE: [illegible]	24. FUNERAL DIRECTOR: [illegible]	ADDRESS: [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
APR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 5 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Rural Middletown
STREET ADDRESS (If rural, give location) Near Middletown

3. NAME OF DECEASED: (Type or Print) (First) Albertus (Middle) W. (Last) Nikirk.

4. DATE OF DEATH: (Month) 4 (Day) 12 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): widowed
8. DATE OF BIRTH: 11-7-1868
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm owner, ret.
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Nikirk
14. MOTHER'S MAIDEN NAME: Mary Bachtel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Albert Kefauver, Middletown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardio Renal - Vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

442 X

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Mar 10, 1952, to Apr 12, 1952, that I last saw the deceased alive on Apr 11, 1952, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE J. E. Harp (DEGREE OR TITLE) Md ADDRESS Middletown DATE SIGNED Md

23. BURIAL, ~~CREMATION REMOVAL~~ (Specify): Burial
DATE THEREOF 4/14/1952
NAME OF CEMETERY OR CREMATORY Reformed Cemetery
LOCATION (City, town, or county) Middletown, (State) Md.

DATE REC'D BY LOCAL REG. 12 April 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR Gladhill Co. ADDRESS Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 - 15

RECEIVED
APR 15 1962
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

94

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Frederick-Rural RD#5
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Frederick-Rural RD#4
STREET ADDRESS (If rural, give location): Sunnyside

3. NAME OF DECEASED (Type or Print): (First) FLORENCE (Middle) (Last) PAGE

4. DATE OF DEATH: (Month) 4 (Day) 17 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) Widow

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 73 ? yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Susan Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Mahlon Biggus, RD#4, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 2 years.

332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 7, 1950, to April 17, 1952, that I last saw the deceased alive on April 16, 1952, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE: Bernard Thomas (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 18 April 1952

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial

DATE THEREOF: 19 Apr 1952

NAME OF CEMETERY OR CREMATORY: Sunnyside Cemetery

LOCATION (City, town, or county) (State): Nr. Jefferson, Maryland

DATE REC'D BY LOCAL REG.: 18 April 1952

REGISTRAR'S SIGNATURE: Elizabeth G. Hack

24. FUNERAL DIRECTOR ADDRESS: M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
APR 21 1952
BUREAU V. S.

95

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Thurmont — LENGTH OF STAY (in this place): 47 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Thurmont
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Francis (Last) Sharer
4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 30, 1880
9. AGE last birthday: 7 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Conductor
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Sharer
14. MOTHER'S MAIDEN NAME: Anna Catherine Barrick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 213-18-1638
17. INFORMANT AND ADDRESS: Mrs. Thos. F. Sharer Thurmont, Md. R02

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis — 6 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of prostate gland — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952, to April 23, 1952, that I last saw the deceased alive on April 23, 1952, and that death occurred at 10:00 P.m., from the causes and on the date stated above.

SIGNATURE: M. Franklin Dirsh (Degree or title) MD — ADDRESS: Thurmont Md. — DATE SIGNED: April 25, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Apr. 26, 1952 — NAME OF CEMETERY OR CREMATORY: United Brethern Sm — LOCATION (City, town, or county) (State): Thurmont, Md

DATE REC'D BY LOCAL REG.: April 26 1952 — REGISTRAR'S SIGNATURE: Blanche S. Eyler — 24. FUNERAL DIRECTOR: M. L. Creager & Son — ADDRESS: Thurmont Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 30
BUREAU V. S.

Item 18 Film G142 4-21-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH--BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. No. 04196 Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (in this place): 12 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 275 West Patrick Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Croom
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Edith	VICTORIA	Smith	April	16	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	23 Aug 1882	69 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House-wife		Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Robert Thomas	Sarah Ann Shepard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Mrs. Charles W. Goodman, 275 W. Patrick St., Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Embolism	5 minutes
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Phlebo thrombosis right femoral vein	4 days
DUE TO		
	(c) Hemiplegia right caused by cerebral vascular apoplexy.	

334X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

(4-21-52 ams)

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ ~~No~~ XXX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 7 1952, to April 16, that I last saw the deceased alive on 4/16, 1952, and that death occurred at 9:05 p.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
J. R. Etchison	M. D.	228 N Market St Frederick Md	4/16/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	18 Apr 1952	Episcopal Cemetery	Croom, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
17 April 1952	Elizabeth S Heck	M. R. Etchison & Son,	Frederick, Maryland

RECEIVED
APR 18 1952
BUREAU V. S.

197

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tuscarora
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tuscarora
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JONAS (Middle) A. (Last) SNOOTS

4. DATE OF DEATH (Month) 4 (Day) 7 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married

8. DATE OF BIRTH 14 May 1888

9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm Owner

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alonza Snoots

14. MOTHER'S MAIDEN NAME Katie Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Mrs. J. A. Snoots, Tuscarora, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic Carcinoma	1 yr
177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Prostate	23 mo
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/4, 1952, to 4/7, 1952, that I last saw the deceased alive on 4/6, 1952, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE E. Lawson Brice (Degree or title) M. D. ADDRESS Jefferson, Maryland DATE SIGNED 8 April 1952

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial DATE THEREOF 10 April 1952 NAME OF CEMETERY OR ~~CREMATORY~~ Union Cemetery LOCATION (City, town, or county) (State) Lovettsville, Virginia

DATE REC'D BY LOCAL REG. 8 April 1952 REGISTRAR'S SIGNATURE Elizabeth G. Hack

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison and Son, Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS. 4

RECEIVED
APR 14 1952
BUREAU Vg

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS-AD 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 08 131

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural RD#5
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Lime Kiln
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) EDGAR (Last) SPRING

4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: 31 Aug 1885

9. AGE Last birthday: 66 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Signal Repairman

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Spring

14. MOTHER'S MAIDEN NAME: Mary Snoots

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 705-07-4594

17. INFORMANT & ADDRESS: Mrs. Nellie Spring, Lime Kiln, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 3 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 3 19 52 to April 6, 19 52, that I last saw the deceased alive on April 6, 19 52, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M. D. ADDRESS Frederick, Maryland DATE SIGNED 8 April 1952

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial — DATE THEREOF 9 April 1952 — NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery — LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 8 April 1952 — REGISTRAR'S SIGNATURE Elizabeth G. Hoke

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland — ADDRESS

RECEIVED
APR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 138

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Bartonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Walkersville, Md
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
NELSON	LEE	STINE	April	9	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Single	Nov. 17, 1934	17 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Delivery truck driver	Florist	Md.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Chester Wm. Stine	Helen Francis Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	217-28-1288	Chester Wm. Stine, Walkersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) fractured skull	instaneous
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

820.4

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Rt 6	Near Frederick		Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		Car skidded & car overturned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible] M.D.	Deputy Medical [illegible]	Frederick, Md.	4/9/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4/12/52	Locust Grove	Mt. Unionville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10 April, 1952	Lucian K. Falconer	P. C. Barton, Walkersville,	Md.

RECEIVED
APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

044200

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (in this place): 60 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 132 East Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural, give location): 132 East Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	ELIZABETH	SUMMERS	4	15	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Widowed	20 Dec 1870	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House-work	Own Home	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Cartnail	Harriett Ceasar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs. Charles E. Palmer, ~~115 East St.,~~ Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Paralysis - Spinal ?	several yrs
357X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Apr. 12th, 1952, to ....., 19....., that I last saw the deceased alive on April 12, 1952, and that death occurred at 10:15 A.m., from the causes and on the date stated above.

SIGNATURE: U. G. Bourne Jr M. D. (Degree or title) ADDRESS: Frederick, Maryland DATE SIGNED: 17 April 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	17 Apr 1952	Fairview Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
17 April 1952	Elizabeth G. Heck	M. R. Etchison & Son, Frederick, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; LENGTH OF STAY (in this place) 12 Hours; MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural RD#5; STREET ADDRESS (If rural, give location) Braddock Heights

3. NAME OF DECEASED (Type or Print): (First) GRACE (Middle) JANE (Last) SUNDAY

4. DATE OF DEATH: (Month) 4 (Day) 21 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: 12 Dec 1877

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Augustus Rowe

14. MOTHER'S MAIDEN NAME: Barbara Schrodel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Harvey C. Sunday, RD#5, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Adeno Carcinoma of Breast +	5 years
1707 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastasis to Lung	
	(c) Myocardial Decompensation	2 wks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cachexia

19a. DATE OF OPERATION: 1946

19b. MAJOR FINDINGS OF OPERATION: C/A of Breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 52, to April 21, 19 52, that I last saw the deceased alive on April 21, 1952, and that death occurred at 11:15 A m., from the causes and on the date stated above.

SIGNATURE: H Lavaane Fahnny (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 22 April 1952

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial; DATE THEREOF: 23 Apr 1952; NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery; LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 22 April 1952; REGISTRAR'S SIGNATURE: Elizabeth L. Hoke

24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, ADDRESS Maryland

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APR 24 1952
BUREAU V.

Item 9 Film G142 5/19/52 mhw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH
COUNTY FREDERICK MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ NR FREDERICK
LENGTH OF STAY (in this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK RT #3

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY FREDERICK
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ NR FREDERICK
STREET ADDRESS (If rural, give location) FREDERICK RT. 3

3. NAME OF DECEASED (Type or Print) (First) HENRY (Middle) CLINTON (Last) SWADENER

4. DATE OF DEATH (Month) APRIL (Day) 3 (Year) 1952

5. SEX MALE

6. COLOR OR RACE WHITE

7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify)

8. DATE OF BIRTH Sept. 4, 1866

9. AGE last birthday 85 ~~86~~ yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POSTMASTER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME DANIEL SWADENER

14. MOTHER'S MAIDEN NAME CLEMENTINE CARR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 219-20-2896

17. INFORMANT MRS. D. FORD HODGES

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval between onset and death: 3 months

932 ✓ Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 29, 1952, to April 3, 1952, that I last saw the deceased alive on April 3, 1952, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bernard Thomas M.D. ADDRESS Frederick, Md DATE SIGNED

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) BURIAL | DATE 4/6/52 | NAME OF CEMETERY OR CREMATORY Mt Olivet | LOCATION (City, town, or county) FREDERICK (State) MD

DATE REC'D BY LOCAL REG. 5 April 1952 | REGISTRAR'S SIGNATURE Elizabeth S. Keefer

24. FUNERAL DIRECTOR Harry E. Early Co ADDRESS Frederick Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 7 1952
BUREAU V. S.

04203

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: State Sanatorium, Md. — LENGTH OF STAY (in this place): 1 Yr.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Victor Cullen State Hosp.	STREET ADDRESS (If rural, give location): 2900 Montebello Terrace

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) Carroll	(Last) Swinderman	4. DATE OF DEATH	(Month) April (Day) 13 (Year) 1952
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Aug. 9, 1890	9. AGE last birthday: 61 yrs.	If under 1 year: Months 8, Days 4; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Automobile Trimmer	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Westminster, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Charles T. Swinderman		14. MOTHER'S MAIDEN NAME: Laura Haynes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: 212-07-5581	17. INFORMANT: Deceased			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	16 Mos.
002 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 12, 1951, to Apr. 13, 1952, that I last saw the deceased alive on Apr. 13, 1952, and that death occurred at 10 Am., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. B. Lyon, M.D.		State Sanatorium, Md.	4/14/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 4-16-52	NAME OF CEMETERY OR CREMATORY: Moreland Mem. Park	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: 4/14/52	REGISTRAR'S SIGNATURE: J. B. Lyon	24. FUNERAL DIRECTOR: L. J. Kuck — 5305 Harford Rd.	ADDRESS

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

104

Reg. Dist. No. 141

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick | LENGTH OF STAY (In this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	HAROLD	THOMAS	APRIL	20	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Col.	Married.	6/17/1931	20 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer Rail Lines		New Jersey	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Thomas	Margaret Finn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	220-26-7345	Margaret Henderson Brunswick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Severe burns (Carbonization) of entire body	Instnd.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
	Own home	Brunswick	Fred.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
4/20/52 10:00 a.m.		Burned in bed

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title)	ADDRESS	DATE SIGNED
Charles H Corley Jr M.D. Coron.	Frederick, Md.	4/22/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-23-52	Mountain Cemetery	Knoxville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 23-52	Kathryn H. Brown	C. H. Fulton Sr Brunswick	Md.

VS. A15A

RECEIVED
MAR 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 4/26/52 4/30/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyds
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) G. (Last) Virts

4. DATE OF DEATH: (Month) 4 (Day) 30 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED ~~DIVORCED~~, (Specify): Widower
8. DATE OF BIRTH: 4/26/84
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months 0 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired R.R. Foreman Section Gang
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.E.

13. FATHER'S NAME: Mr William H Virts
14. MOTHER'S MAIDEN NAME: Virginia Moosburg.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Arthur G. Virts, Boyds Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary occlusion	3 days
4200 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerotic heart disease	4 years
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophied Prostate — 2 months

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Dec, 1948, to 30 April 1952 that I last saw the deceased alive on 30 April, 1952, and that death occurred at 3:08 P.M., from the causes and on the date stated above.

SIGNATURE John G Lawcett M.D. (DEGREE OR TITLE) ADDRESS Boyd, Md DATE SIGNED 1 May 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 6/3/52
NAME OF CEMETERY OR CREMATORY Presbyterian Ch. Cemetery
LOCATION (City, town, or county) Boyds (State) Md.

DATE REC'D BY LOCAL REG. 3 May 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR Ernest C. Gaithers ADDRESS Gaithersburg, Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1

RECEIVED
MAY 6 1952
BUREAU V

16

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15. 8-51

1. PLACE OF DEATH: Frederick
COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Brunswick
STREET ADDRESS (If rural, give location) 21 East "E" Street

3. NAME OF DECEASED: (First) Benjamin (Middle) E. (Last) Walker
4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): married
8. DATE OF BIRTH: October 7 1878
9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): B & O R.R.
10b. KIND OF BUSINESS OR INDUSTRY: Engineer retired
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Henry Eli Walker
14. MOTHER'S MAIDEN NAME: Sarah (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Pearl F. Walker. Park Height Brunswick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 3 minutes
DUE TO
177 X
Antecedent cause(s) (b) Carcinoma of the prostate — 3 months
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4/2/52
19b. MAJOR FINDINGS OF OPERATION: large bleeding prostate mass
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR. 15 1952, to Apr. 2, 1952, that I last saw the deceased alive on Apr 2, 1952, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE Norvell Belt (DEGREE OR TITLE) M. D. ADDRESS Professional Bldg DATE SIGNED 4/2/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF April 5, 1952
NAME OF CEMETERY OR CREMATORY Park Heights Cem
LOCATION (City, town, or county) Brunswick (State) Md
DATE REC'D BY LOCAL REG. 30 April 1952
REGISTRAR'S SIGNATURE Elizabeth S. Heck
24. FUNERAL DIRECTOR C. H. Fraites Bros ADDRESS Brunswick Md

RECEIVED
APR 7 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 1206 North Market Street

3. NAME OF DECEASED (Type or Print): (First) FANNIE (Middle) ELIZABETH (Last) WALLIS

4. DATE OF DEATH: (Month) 4 (Day) 26 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, or ~~DIVORCED~~ (Specify): Widow

8. DATE OF BIRTH: 4 Jan 1873

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Shipley

14. MOTHER'S MAIDEN NAME: Mary E. Kettler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: A. Grafton Wallis, Cumberland, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of the Caecum — 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Partial Intestinal Obstruction
(c) Secondary Anaemia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1951, to April 26, 1952, that I last saw the deceased alive on April 26, 1952, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE: A. G. Etchison (Degree or title) M. D. ADDRESS: Frederick, Maryland DATE SIGNED: 26 April 1952

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial
DATE THEREOF: 28 Apr 1952
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 28 April 1952
REGISTRAR'S SIGNATURE: Elizabeth G. Hecht
24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, ADDRESS: Maryland

RECEIVED
APR 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Frederick; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: State Sanatorium; LENGTH OF STAY (In this place): Since 12/26/51; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Victor Cullen State Hosp.	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park; STREET ADDRESS (If rural, give location): 7313 Willow Ave.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Daisy	L.	Walter	April	4	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	Nov. 2, 1874	77 yrs.	5	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Fairmont, W.Va.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Scott Pyles	Malinda Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		None	Mildred Cook, Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	About 2 Yrs.
0027 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12/26, 19 51, to 4/4, 19 52 that I last saw the deceased alive on 4/4, 19 52, and that death occurred at 9:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
[signature], M.D.	State Sanatorium, Md.	4/4/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	4/7/52	Merrifield	Merrifield, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/4/52	[signature]	W. L. Creager & Son	Thurmont, Md.

RECEIVED
APR 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont-Rural RD#1; LENGTH OF STAY (In this place) 6 Months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Lewistown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont-Rural RD#1; STREET ADDRESS (If rural give location) Near Lewistown

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) DANIEL (Last) WILES, JR

4. DATE OF DEATH: (Month) 4 (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 28 Feb 1895

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Day Laborer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Wiles

14. MOTHER'S MAIDEN NAME: Amelia Plunkert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Franklin E. Wiles, ~~370 Virginia Ave.,~~ Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial infarction	2 hours (?)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial infarction	8 mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF DEATH (Month) (Day) (Year) (Hour): 4-30-52 4 A m. INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title): Charles H Conley Jr M.D. Dep Med Exam. ADDRESS: Frederick, Md. DATE SIGNED: 4/30/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 2 May 1952; NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery; LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 30 April 1952; REGISTRAR'S SIGNATURE: Blanche L. Eyler

24. FUNERAL DIRECTOR AND ADDRESS: M. R. Etchison & Son, Frederick, Maryland

VS. A15A

RECEIVED
MAY 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1210

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Rural · Union Bridge
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) May (Last) Wilhide

4. DATE OF DEATH: (Month) April (Day) 28, (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: June 2, 1883
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert J. Stansbury
14. MOTHER'S MAIDEN NAME: Mary Devilbiss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: M. Ross Wilhide Union Bridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary thrombosis
DUE TO
4200
Antecedent cause(s) (b) Arteriosclerotic Heart Disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-21, 1952 to 4-28, 1952, that I last saw the deceased alive on 4-28, 1952, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE A. A. Pearre (DEGREE OR TITLE) M.D. ADDRESS Frederick Md. DATE SIGNED

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial
DATE THEREOF 4/30/52
NAME OF CEMETERY OR ~~CREMATORY~~ Keysville Cemetery
LOCATION (City, town, or county) (State) Keysville Maryland

DATE REC'D BY LOCAL REG. 30 April 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR C. O. Fuss & Son Taneytown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11

CERTIFICATE OF DEATH

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Foxville — LENGTH OF STAY (in this place) 58 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Foxville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) K (Last) WILLARD

4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1952

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: Apr. 6-1860 — 9. AGE last birthday: 92 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer — 10b. KIND OF BUSINESS OR INDUSTRY: Own farm — 11. BIRTHPLACE (State or foreign country): Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hiram Willard — 14. MOTHER'S MAIDEN NAME: Mary Jane Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO.: no — 17. INFORMANT AND ADDRESS: Miss Alice Willard Lantz PO Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 2 days

XX Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Exhaustion incident to old age — 2 yrs.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9 1951, to Apr. 13 1952, that I last saw the deceased alive on June 7 1951, and that death occurred at 11 30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

James A. Gray M. D. — Thurmont Md. — Apr. 15-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Apr 16/1952 — NAME OF CEMETERY OR CREMATORY: Mt Moriah Cem — LOCATION (City, town, or county): Foxville — (State): Md

DATE REC'D BY LOCAL REG.: 4/15/52 — REGISTRAR'S SIGNATURE: J R Mayer — 24. FUNERAL DIRECTOR: M. L. Creager — ADDRESS: Thurmont Md

RECEIVED
APR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

014212

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; LENGTH OF STAY (In this place) 20 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Fred.; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; STREET ADDRESS (If rural give location) 90 Lincoln Apts.

3. NAME OF DECEASED (Type or Print): (First) Jesse (Middle) H. (Last) Williams

4. DATE OF DEATH: (Month) April (Day) 2, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: Sept. 13, 1886

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Army

10b. KIND OF BUSINESS OR INDUSTRY: * ****

11. BIRTHPLACE (State or foreign country): Frederick Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): Yes (If year, give war or dates of service): War I

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Kathryn B. Williams IO Lincoln Apts.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between Onset and Death: 1 year

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) 420.1; (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1952, to April 2, 1952, that I last saw the deceased alive on April 1, 1952, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Bernard O. Thomas M.D. | Frederick, Md | April 5, 1952

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial | DATE: April 5, 1952 | NAME OF CEMETERY OR CREMATORY: Fairview | LOCATION (City, town, or county) (State): Frederick, Md.

DATE REC'D BY LOCAL REG.: 5 April 1952 | REGISTRAR'S SIGNATURE: Elizabeth G. Heck.

24. FUNERAL DIRECTOR: Charles E. Hicks III | ADDRESS: Fred. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 7 1952
BUREAU OF

Item 18 Film G142 4-21-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131 04213

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 45 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 414 East Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 414 East Street

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) WALTER (Last) WINPIGLER

4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): Widowed
8. DATE OF BIRTH: 27 Dec 1881
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Trucker
10b. KIND OF BUSINESS OR INDUSTRY: Trucking Contractor
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jesse J. Winpigler
14. MOTHER'S MAIDEN NAME: Mary Ellen Joy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: 300 E. 4th St., C. Edward Winpigler, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Diabetes
260X
DUE TO
Antecedent cause(s) (b) Chronic Myocarditis
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c) (a) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1951, to Apr 6, 1952, that I last saw the deceased alive on April 4 1952, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M. D. ADDRESS Frederick, Maryland DATE SIGNED 7 April 1952

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial
DATE THEREOF 9 April 1952
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) Frederick, Maryland (State)

DATE REC'D BY LOCAL REG. 7 April 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15 B-M

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